



UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF SAFETY AND
ENVIRONMENTAL ENFORCEMENT
Deepwater Operations Plan (DWOP)

**Required Field*

* Region GOM PAC AK

* Contact Name
(First Name) (Last Name)

* Phone Number
(Area Code + Number)

* Operator Name

* Company Number

* Lease Number(s)

Area(s)

Block(s)

* Project Name

* Total Payment Amount

* Select Payment Type Credit Card ACH Debit